

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/830837

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/					
2	/		/				52	/					
3		/		/			53	/					
4		/		/			54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
9	/		/				59						
10		0		/			60						
11		0		/			61						
12		0		/			62						
13		0		/			63						
14		0		/			64						
15		0		/			65						
16		0		/			66						
17		0		/			67						
18		0		/			68						
19		0		/			69						
20		0		/			70						
21		0		/			71						
22	/		/				72						
23		/		/			73						
24		/		/			74						
25		0		/			75						
26		0		/			76						
27		0		/			77						
28		0		/			78						
29		0		/			79						
30		0		/			80						
31	/		/				81						
32	/		/				82						
33	/		/				83						
34		/		/			84						
35		0		0			85						
36		0		/			86						
37	/		/				87						
38			/	/			88						
39			/	/			89						
40			/	/			90						
41			/	/			91						
42			/	/			92						
43			/	/			93						
44			/	/			94						
45			/	/			95						
46			/	/			96						
47			/	/			97						
48			/	/			98						
49			/	/			99						
50			/	/			100						
TOTAL D.	7		7				TOTAL IND.						
TOTAL EP.	30		46				TOTAL DEP.						
TOTAL AIMS	37		53				TOTAL CLAIMS						